

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X and Z

POLICY GUIDE 2010.03

**DIVISION OF CLINICAL PRACTICE
CONSULTATIONS OR CLINICAL STAFFINGS BY REGIONAL CLINICAL UNITS**

RELEASE DATE: December 23, 2010

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Erwin McEwen, Director 

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to present procedures for accessing clinical consultation or staffings in the Regions. Clinical consultations or staffings provide support to caseworkers in planning and obtaining clinical services for their clients which are beyond the ability of the existing service array. This service is not meant to replace supervisory decision making, nor do these procedures replace the Purchase of Service (POS) agencies staffing processes.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and POS staff such as Investigation Specialists, Child Welfare Workers, Licensing Workers, Resource Workers and their Supervisors, and Office of Legal Services staff.

III. DEFINITIONS

a) Consultation means a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action. Consultation is not meant to replace supervisory decision making or existing DCFS or POS agencies' clinical processes. Consultation may consist of, but is not limited to:

- Client advocacy and empowerment;
- Diagnostic clarification and treatment recommendations;
- Procedural clarification;
- Resource and service linkage;
- Education in clinical specialty areas; and/or,
- Systems facilitation and coordination of collateral providers.



- b) Staffing means a structured multi-disciplinary meeting convened to analyze a case situation. The focus may include a review of the service needs of the client(s), safety concerns, progress toward the permanency goal and/or well-being, problem solving, making a case decision or practice recommendations. Clinical specialists may be invited. Staffings are convened to view a case in a new way, which may provide the case work staff new clinical insight or information. Staffings may also disclose old case information that wasn't previously considered.

The formal staffing process consists of three phases:

- Pre-staffing review of case and clinical materials;
- Staffing; and
- Report writing and sharing of findings and/or recommendations.

IV. OVERVIEW

The Division of Clinical Practice's Regional Clinical Unit is responsible for supporting the field through the provision of clinical consultations or the convening of clinical staffings. The Division accomplishes this mission through its Regional Clinical Units or linkages to the Clinical Specialists. The Regional Clinical staff consists of the Regional Clinical Units (Clinical Service Coordinators and Nursing staff), the Clinical Coordinators at Cook County Court, Sexual Abuse Service Coordinators and the Clinical Specialists.

- a) The Division of Clinical Practice offers an array of services to all DCFS/POS staff for the following types of case situations:
- Developmental Disabilities services consult;
 - Domestic Violence;
 - Caregivers identified with a chronic illness or a marked deterioration of their ability to provide care to our wards (such as, Caregivers with an impaired ability due to: mental infirmity, serious health restrictions and age);
 - Consultations for DCFS and POS Investigations, Intact, Placement, etc;
 - File reviews of clinical data (consultations);
 - Hearing Impairment;
 - Indian Child Welfare Act Consultations and identification;
 - Lesbian, Gay Bisexual, Transgender and Questioning (LGBTQ) youth;
 - Mental Illness, child and adult psychiatric illness. In Cook County access to the Parent Assessment Team services;
 - Permanency Planning;
 - Psychiatric Hospitalization ward and non-wards (Lock out);
 - Referrals' from Court personnel GAL, DCFS Legal, Assistant States' Attorney, Judges etc;
 - Sexual Abuse and Victimization;

- Substance Abuse Assessment referrals;
- Other clinical situations needing consultation.

The Regional Clinical Manager for your area is your primary contact person when seeking information on how to access Clinical services.

b) The Referral Process

Clinical consultation or staffing requests may be made by DCFS and POS staff such as Investigation Specialists, Child Welfare Workers, Licensing Workers, Resource Workers and their Supervisors. Court personnel acting on behalf of DCFS wards can also make referrals.

1) Making the Referral

Requests for consultations or staffings are made by:

- discussing the referral with the Regional Clinical Manager, or by completing the **CFS 399-1, Clinical Referral Form**, and E-mailing it to the Outlook mailbox ClinicalRef@illinois.gov or faxing it to Fax# (800) 733-3308; or
- calling (312) 328-2150 when seeking to make a referral for Specialty Services; or
- contacting the assigned DCFS/POS Regional Consulting Psychologist when seeking to make a referral for a Psychological, an/or Parenting Capacity Assessments.

Additional assistance, including a directory of the assigned Consulting Psychologist, may be obtained by calling the Division of Clinical Services at 312/814-4153.

2) Processing the Referral

Referrals will be screened and a determination of its appropriateness will be made within two (2) working days of receipt. Appropriate referrals will be assigned to the Regional Clinical staff, Clinical Specialist or program specialist for staffing or consultation.

- Consultations will be entered as completed once the Assignment Administrator or the Regional Clinical Manager approves the consultation note on page 3 of the **CFS 399-1**. A copy of the consultation note will be provided to caseworker staff and must be e-mailed to ClinicalRef mailbox on Outlook for data entry.

- Staffings will be conducted within 21 working days from the date that the case is assigned to the Regional Clinical staff. Extensions beyond this time frame will be documented via e-mail to the casework staff and the Clinical's Assignment Administrator.
- The Staffing Convener will send an e-mail to the caseworker and supervisor to begin the staffing process within 2 working days of the assignment. The e-mail will request the clinical material needed for the staffing not found in the SACWIS case file. The caseworker and supervisor are be responsible for providing all requested supporting documentation not in the SACWIS system at least **one week prior** to the staffing.
- The convener will provide the caseworker and supervisor a completed **CFS 399, Clinical Staffing Summary** form, within ten (10) work days after the initial staffing completion. The staffing will be entered as "completed" once the approved Summary/Report is e-mailed to the Outlook mailbox, ClinicalRef.

NOTE: A lack of timely response from the referral source may result in closure of the referral. A timely response is considered to be 10 working days from the date the casework staff is e-mailed by the Convener to begin the staffing process. This determination will be at the discretion of the Clinical Manager or the assignment Administrator.

V. STAFFING OUTCOMES

The staffing convener will document the outcome of the intervention. The documentation will provide clinical recommendations. If the caseworker and supervisor determine to follow the recommendations which alter the nature of the services delineated in the current SACWIS Client Service Plan, the caseworker will amend the SACWIS Client Service Plan to reflect changes in the services being provided. If no SACWIS Client Service Plan exists because it is a new case to DCFS, the clinical recommendations must be included in the initial SACWIS Client Service Plan.

VI. ATTACHMENTS

CFS 399 Clinical Staffing Summary

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Division of Clinical Services by calling (866) 225-1431.

VIII. FILING INSTRUCTIONS

Remove Policy Guide 2006.01 in its entirety from behind Rules 316, Administrative Case Reviews and Court Hearings, and replace it with this Policy Guide.

CLINICAL STAFFING SUMMARY
Instructions for Completion of the Staffing Summary Form

The Clinical Staffing Summary is to be completed within 10 work days after the conclusion of an initial staffing. An Addendum to the original Staffing Summary will be completed for any subsequent follow-up staffings. The staffing convener will e-mail the Staffing Summary, and Action plan or the Staffing Addendum, and Action plan to the ClinicalRef mailbox listed on Outlook.

NOTE: An Action Plan will be developed when appropriate during the staffing and a copy of the plan will be handed to the staffing participants at the *end of each the staffing*.

Section I, II, and III, IV: These sections are self-explanatory.

Section V - Purpose of Staffing: The staffing convener is to enter the reason for the staffing in a single sentence. The sentence should be written in the active voice.

EXAMPLE 1: The staffing was convened to review the appropriateness of the placement with relatives.

EXAMPLE 2: The staffing was convened to review the appropriateness of counseling services the client is receiving.

EXAMPLE 3: The staffing was convened at the request of Regional Administration to review the mental health services needed for this child who is diagnosed with Bi-Polar Disorder.

Section VI - Current (relevant) Diagnoses / Current Medications: This section is self-explanatory.

Section VII - Summary of Staffing: This section is to be a synopsis of what occurred in the staffing. It is not a transcript of every word uttered.

The staffing summary should begin with a concise historical background regarding the situation and how the client became involved with DCFS. This will provide context to the reader.

The staffing summary should be concise giving the reader a general idea of what occurred during the staffing. Moreover, Staffing Summary documents should articulate clinical factors addressed at staffings, strengths, traumatic factors contributing to child behaviors, unusual incidents context, placement stability needs, etc.

Section VIII - Convener's Impression or Understanding: Convener's impression or understanding of what psychosocial factors may have contributed to the occurrence of the critical event.

This section should articulate clinical causative factors that played a part in causing the critical event. The entire system needs to be addressed, which includes children, caretakers, parents, clinical interventions, etc. Anything that had an impacted the critical event should be documented here.

Section IX – Recommendations / Follow Up: This section should provide the recommendations that were made at the staffing and should include:

- A. Therapy and Crisis Intervention Plan.
- B. Delineate any Action Plans (Attach an Action Plan,).
 - What tasks need to be completed
 - Who is responsible for the task
 - When is the task to be completed
- C. Follow-up Staffing Dates and Times.

NOTE: Follow-up staffings will not require a new staffing summary but will require the original staffing summary to contain an addendum.

NOTE: After reviewing the initial data, the Regional Clinical Managers may determine that the situation warrants a comprehensive formal full file review and staffing report. The Regional Clinical Manager will make that determination on their own authority and will use the staffing report format. Please keep in mind that this abbreviated staffing report is meant to be 2-4 pages in length, however there may be exceptions.

NOTE: CLOSING THE REFERRAL (has to be approved by the supervisor).

CLINICAL STAFFING SUMMARY
(Attached Action Plan Given at Staffing and Attendance Sheet)

I. Case Name: **RSF:** **Staffing Date:**
Child(ren) Name: **I.D.:** **AGE:** **DOB:**

II. Staffing Facilitated/Convened by:

III. Documents Reviewed:

IV. Present at Staffing: (See attached attendance sheet.)

V. Purpose of the Staffing: (In one sentence give a reason for staffing.)

VI. Current (relevant) diagnoses:

Current medications:

VII. Summary of Staffing: (Synopsis of staffing - clinical factors addressed at staffing, strengths, traumatic factors contributing to child behaviors, unusual incidents context, placement stability needs, prescribed medication and clinical diagnosis etc.)

VIII. Convener's Impression or Understanding of what psychosocial factors may have contributed to the occurrence in this situation:

IX. Recommendations/Follow-up:

A. Therapy and Crisis Intervention Plan:

B. Action Plan:

C. Follow-up Staffing Dates and Times: (If applicable - attached.)

Convener's Signature

Date

Supervisor

Date

PLACEMENT REVIEW: ACTION PLAN

Case Name:

ID:

Objective/Intended Outcome:

The supervisor is responsible to ensure the worker completes the identified tasks on the following page. Upon verification of completion the supervisor shall initial the "Verification of Completion" column. The second page of the Action Plan shall be faxed to the Review Convener by the due date. **Fax Number: 1-800-733-3308**

Task	Time Frame	Verification Of Completion
<p><u>WORKER WILL SEND IN A WEEKLY PROGRESS UPDATE VIA EMAIL</u></p> <p><u>NEXT QUARTERLY STAFFING DATE _____</u></p>		